STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004016	A. BUILDING: _____ B. WING _____	C 04/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE PLACE	2770 S ADAMS RD BLOOMINGTON, IN 47403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00172150. Complaint IN00172150 - Unsubstantiated due to lack of evidence. Survey dates: April 29 & 30, 2015 Facility number: 004016 Provider number: 004016 AIM number: N/A Census bed type: Residential: 40 Total: 40 Census payor type: Other: 40 Total: 40 Sample: 06 Monroe Place was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaint IN00172150.	R 000		